



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8314

|   |   |                                       |   |  |
|---|---|---------------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>09/214,701  | <b>FILING OR 371(c)<br/>DATE</b><br>09/30/1999<br><b>RULE</b>   | <b>CLASS</b><br>424                   | <b>GROUP ART UNIT</b><br>1648   | <b>ATTORNEY<br/>DOCKET NO.</b><br>484112.408USPC |
| <b>APPLICANTS</b><br>GEORGE H. LOWELL, HAMPDEN QC, CANADA;<br>THOMAS C. VANCOTT, BROOKESVILLE, MD;<br>DEBORAH L. BIRX, ROCKVILLE, MD;   |   |                                       |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US97/12253 07/10/1997<br>and claims benefit of 60/021,687 07/10/1996  |   |                                       |   |  |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                                       |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR<br/>COUNTRY</b><br>CANADA | <b>SHEETS<br/>DRAWING</b><br>4  | <b>TOTAL<br/>CLAIMS</b><br>32                    |
| <b>INDEPENDENT<br/>CLAIMS</b><br>1  |   |                                       |   |  |
| <b>ADDRESS</b><br>00500   |   |                                       |   |  |
| <b>TITLE</b><br>PROTEIN AND PEPTIDE VACCINES FOR INDUCING MUCOSAL IMMUNITY  |   |                                       |   |  |
| <b>FILING FEE<br/>RECEIVED</b><br>1546  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                       | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |